

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000221 (3)

1. Corporation Name

KLES CLUB OF VERO BEACH INC.

Principal Place of Business

Mailing Address

P.O. BOX 1641
VERO BEACH FL 32961

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VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

05/26/1994

4. FEI Number

65-0387167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ANNA P
505 25TH CT.
VERO BEACH FL 32962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MCCALL, BRIDGET
STREET ADDRESS	3346 3RD ST.
CITY - ST - ZIP	VERO BEACH FL 32968
TITLE	VD
NAME	LANCASTER, MARIE
STREET ADDRESS	102 LANCASTER ST.
CITY - ST - ZIP	SEBASTIAN FL
TITLE	T
NAME	JOHNSON, ANNA
STREET ADDRESS	505 25TH CT.
CITY - ST - ZIP	VERO BEACH FL 32966
TITLE	SD
NAME	KOENG, RUTH
STREET ADDRESS	585 24TH AVE.
CITY - ST - ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	CHERRY, PATRICIA	
1.3 STREET ADDRESS	716 CONY WAY	
1.4 CITY - ST - ZIP	VERO BEACH FL 32963	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	MARCO, DORIS	
2.3 STREET ADDRESS	236 20TH AVE.	
2.4 CITY - ST - ZIP	VERO BEACH FL 32962	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia F. Cherry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA F. CHERRY

4/21/95

407-231-3148

Date

Telephone #